



**Queensland
Government**

PATIENT INFORMATION SHEET ONLY

NO DOCUMENTED CONSENT REQUIRED

A copy of this form should be given to the patient/substitute decision-maker to read carefully and allow time to ask any questions about the procedure. The patient information sheet should be included in the patient's medical record.



1. What is a cystogram and how will it help me/the patient?

A cystogram is an x-ray procedure of the bladder. It will look at the bladder's position and its shape.

Contrast (once called x-ray dye) is put into your bladder. Contrast allows your bladder to be seen more clearly on the x-ray pictures.

A micturating cystourethrogram (MCU) may be done as an extra step to the cystogram procedure. An MCU is a dynamic x-ray of the bladder and urethra (the tube that drains urine from the bladder) taken while the person passes urine.

Preparation for the procedure

The medical imaging department will give you instructions on how to prepare for your procedure.

Please tell staff if you are pregnant, or suspect that you might be.

Please tell staff if you have a urinary tract infection. The infection could become worse if the procedure is done.

No anaesthetic is required for this procedure.

During the procedure

A plain x-ray picture of your bladder will be taken. A lubricated catheter is gently inserted through your urethra and into your bladder. A small balloon on the end of the catheter may be inflated to hold the catheter in place during the procedure. Contrast is injected through the catheter to fill your bladder.

You may feel mild discomfort when the catheter is inserted. You may feel pressure and fullness in your bladder when the contrast is injected.

A series of x-ray pictures are taken during the filling and emptying of your bladder.

At the end of the procedure the balloon is deflated and the catheter is removed.

If an MCU procedure is required, you will be asked to urinate while x-ray pictures are taken.



2. What are the risks?

There are risks and complications with this procedure. There may also be risks specific to each person's individual condition and circumstances. Please discuss these with the doctor/clinician. Risks include but are not limited to the following:

Common risks and complications

- minor pain, bruising and/or bleeding at the insertion site from the catheter. This should resolve on its own
- bleeding is more common if you have been taking blood thinning drugs, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or

Asasantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric.

Less common risks and complications

- infection, requiring antibiotics and further treatment
- allergic reaction to the contrast. This could result in a rash, hives, itching, nausea, fainting or shortness of breath. Medication may be given to relieve this
- perforation of the urethra. This may require surgery
- the procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications

- an increased lifetime cancer risk due to the exposure to x-rays
- death as a result of this procedure is very rare.

What are the risks of not having a cystogram?

There may be consequences if you choose not to have the proposed procedure/treatment/investigation/examination. Please discuss these with the doctor/clinician.



3. Are there alternatives?

Making the decision to have a procedure requires the patient/substitute decision-maker to understand the options available. Please discuss any alternative treatment options with your doctor/clinician.



4. What should I expect after the procedure?

Go to your nearest emergency department or GP if you become unwell after leaving the hospital.



5. Who will be performing the procedure?

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure/treatment/investigation/examination. This could be a doctor/clinician undergoing further

training, however all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the procedure, please discuss with the doctor/clinician.



6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website www.qld.gov.au/health/services/hospital-care/before-after where you can read about your healthcare rights.

You can also see a list of blood thinning medications at www.health.qld.gov.au/consent/bloodthinner.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.



7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your/the patient's medical condition, treatment options and proposed procedure/treatment/investigation/examination.



8. Contact us

In an emergency, call Triple Zero (000).

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.